

HL7 EHR WG – Reducing Clinician Burden Project Proposal
HL7 Clinician Burden Impact Statement
 DRAFT 22 February 2021

Objectives:

- To reduce clinician burden in their use of, and interaction with, electronic health information and EHR/HIT systems.
- To inform and educate implementers about the clinician’s experience and potential burden associated with using EHR/HIT systems and health information exchange solutions based on standards and implementation guides.
- To include as an optional (yet recommended) component in new HL7 Project Scope Statements (PSS).
- To include as an optional (yet recommended) component in balloted and published HL7 standards and implementation guides – so balloters may add comments and implementers may be apprised of impacts.

Reducing (reduce)	<ul style="list-style-type: none"> • “To bring down, as in extent, amount, or degree; diminish”; “to gain control of [or] conquer”; “to simplify the form of... without changing the value”; “to restore... to a normal condition or position” – The Free Dictionary • “To lower in... intensity” – Dictionary.com
Clinician	<ul style="list-style-type: none"> • “A health professional whose practice is based on direct observation and treatment of a patient” – Mosby’s Medical Dictionary • “A health professional, such as a physician, psychologist, or nurse, who is directly involved in patient care” – American Heritage Medical Dictionary
Burden	<ul style="list-style-type: none"> • “A source of great worry or stress”; “[Something that] cause[s] difficulty [or] distress”; “To load or overload” – The Free Dictionary • “Something that is carried, [as in a] duty [or] responsibility”; “Something oppressive or worrisome” – Merriam-Webster Dictionary

Part A – Burden Summary

- With regard to clinician burden reduction, the scope of this project has been evaluated and has been determined to be (broadly):
 - Advantageous, has a positive impact/benefit toward burden reduction
 - Disadvantageous, has a negative impact on burden reduction
 - Neutral
- Is there formal documentation of this evaluation?
 - No
 - Yes – Please include or reference within the PSS, Standard Specification and/or Implementation Guide.
- Are there specific points of guidance which might be included to show how this specification can be used to enhance front-line clinician practice and/or reduce burden?

Part B – Burden Scorecard

+2 Substantial Positive Impact +1 Some Positive Impact	0 Neutral	-2 Substantial Negative Impact -1 Some Negative Impact
---	-----------	---

For burden topic areas, please indicate anticipated impacts accruing from this project. Add comments as appropriate (see Scorecard Examples below):

- Administrative (non-clinical) tasks
- Data entry
- Clinical documentation: quality and usability
- Time on encounter note documentation, prescriptions, and inbox management
- Prior authorization, coverage verification, eligibility tasks
- Provider/patient face to face interaction
- Provider/patient communication
- Care coordination, team-based care
- Delegation to team members
- Clinical workflow
- Workflow efficiency (minimization of number of clinician “touches,” need for rework, or reopening patient record)
- Disease management, care and treatment planning
- Clinical decision support, medical logic, artificial intelligence
- Alerts, reminders, notifications
- Inbox management
- Information overload
- Transitions of care
- Health information exchange
- Medical/personal device integration
- Orders for equipment and supplies
- Support for payment, claims and reimbursement
- Support for cost review
- Support for measures: administrative, operations, quality, performance, productivity, cost, utilization
- Support for public and population health
- Legal aspects and risks
- Support for compliance with state/federal laws or regulations
- User training, user proficiency
- Common function and process models
- Common information models and data definition
- Software development and improvement, end-user feedback
- Product modularity
- System lock-in, data liquidity, switching costs
- System cost: installation, support
- Security
- Professional credentialing
- Identity matching and management
- Data quality and integrity
- Process integrity
- List management: problems, medications, immunizations, allergies, surgeries, interventions and procedures
- Other: _____
- Burden Impact Score (Unless otherwise indicated in the comments above, this score should be considered subjective and based on the author(s)'s burden impact interpretation.)

Scorecard Examples:

0 Data entry [We expect data entry to be negligible as the intent is to enable automatic extraction of clinical data from structured data fields within an EHR]

+2 Inbox management [We incorporated elements from the following peer reviewed study: Metrics for assessing physician activity using electronic health record log data, Journal of the American Medical Informatics Association, Volume 27, Issue 4, April 2020, Pages 639–643, <https://doi.org/10.1093/jamia/ocz223>]